SUMMARY PROCESS (EVICTION) STATE OF CONNECTICUT ANSWER TO COMPLAINT SUPERIOR COURT JD-HM-5 Rev. 12-16 Rev. 12-16 C.G.S. §§ 47a-4a, 47a-5, 47a-7, 47a-20, 47a-20e, 47a-23c, 47a-33, 47a-57, 49-31p

Docket number			
19-6009413			
Return date			

C.G.S. 88 47a-4a, 47a-5, 47a-7, 47a-20, 47a-20e, 47a-23c, 47a-33, 47a-57, 49-31p				
Name of Plaintiff(s) (Landlord(s))	Name of Defendant(s) (Tenant(s))			
-Anna Mae	Cola Winn			
Judicial Housing Geographical Area Number at: Address of Court (Number, street, and town) 12 Elm St. New Haven, C4-06510				
Section 1'— Summary Process (Eviction) Answer				
(This section does not apply to Special Defenses below)				
For each numbered paragraph of the landlord's Complaint, please "x" whether you Agree, Disagree or Do Not Know.				
1. Agree Disagree Do Not Know 2. Agree Disagree Do Not Know	5. Agree Disagree Disagree	Do Not Know		
3. Agree Disagree Do Not Know	6. Agree Disagree Disagree	Do Not Know		
4. Agree Disagree Do Not Know	8. Agree Disagree	Do Not Know		
Section 2 — Special Defenses (Facts that show the court that the plaintiff has no legal right to what the plaintiff has requested in this case.)				
"x" the boxes next to the statements below that apply to you and fill in the information requested.				
a. All rent has been paid to my landlord.				
b. Rent was offered to my landlord on (date): which was before the date I received the Notice to Quit.				
c. No rent is due, under Connecticut Law (section 47a-4a of the				
code violations in violation of Connecticut Law (Section 47a-7(a) of the Connecticut General Statutes). List violations below.				
d. I notified my landlord, Housing Code, the Health Department, or the Building Department				
of the violations listed in section c above on (date):	Treatin bepartment, of	unding Department		
	andlord or public officials or a	gencies		
to complain about my apartment (Sections 47a-20 and 47a-33		s).		
f. I filed a rent increase complaint with the Fair Rent Commission		4 × 1		
g. I live in a building or complex with 5 units or more or in a mobil	le manufactured home park and	** 1.25*** 1.75***		
I have a physical or mental disability, or				
my spouse, sibling, parent or grandparent has a physical or mental disability and permanently lives with me.				
(Section 47a-23a of the Connecticut General Statutes.)				
h. (See Notice on back/page 2 of this form) This eviction was brought after a foreclosure action, and				
I have a written lease that is still in effect or				
I never received a 90 day letter (notice) before the notice to quit was delivered (served). Additional Information:				
This Conformation.				
Charles Colored State of the leaves (of the single of the				
Living last Mental disability Medical disability. William & Winn SK-				
took the money + Fled the home of 24 vine of New Haven Ct. 06519 Leaving				
Additional Information: This factorine is a result of the reverse Mobate Company Committies found Observably with widiam U. winn SR. and Signing Cora Winn up during been mental disability Medical disability. William C. Winn SR. took the money + Fled the home of 24 vine St. New Haven Ct. 06519 Leaving Cora Winn With all of the above Sudgements against her.				
Defendant's (Tenant's) Certification				
I certify that a copy of this document was or will immediately be mailed or delivered electronically or non-electronically on				
(date) to all attorneys and self-represented parties of record and that written consent for electronic				
delivery was received from all attorneys and self-represented parties receiving electronic delivery. Name and address of each party and attorney that copy was mailed or delivered to				
Name and address of each party and attorney that copy was mailed or delivered to the farming Morsuse Association and Annie MAE Tederal NATIONN Morsuse Association and Annie MAE				
C/O Mcalla RAYMER Leiber + LLC 50 Weston St Hartford Ct. D6120 *If necessary, attach additional sheet or sheets with name and address which the copy was mailed or delivered to. (Use form JD-CV-67, Continuation of Parties)				
Signed individual afformey on self-represented party)				
Mailing address Telephone number				
211 vine St. New Hoven Ct 0	16519	203-444-9063		